

# GIVING FORM

## Preferred payment method:

Check    Credit card    Office to check if by Phone

Date: \_\_\_\_\_

Enclosed is my check made payable to the Children's Village and Family Services Agency

OR

Please charge this one time gift in the amount of \$ \_\_\_\_\_

Mastercard    Visa    Other \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Contact Phone or email: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

## If this gift is a Memorial or Honorarium:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Occasion: \_\_\_\_\_

Please send a card to acknowledge this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Sign Card From: \_\_\_\_\_

My name is: \_\_\_\_\_ Phone or email: \_\_\_\_\_

My Address is: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please send this form to: Children's Village and Family Services Agency  
By Mail to: P.O. Box 6564--Tyler, TX 75711-6564 or By Fax to: 903-592-7506 or scan to email:  
[kathy.s@childrensvillageoftexas.org](mailto:kathy.s@childrensvillageoftexas.org)**

**For additional information, email or call the office at (903) 592-3421**

*\*Should you elect to initiate a credit card gift on a regular monthly basis or a monthly automatic bank draft, please print out this form as well as the form that follows.*

# AUTOMATIC BANK DRAFT

Now your gifts can be put to use sooner! This new donor service saves you time and provides us with the regular and predictable support we need each month. What's more, your automatic giving greatly reduces administrative costs, enabling us to pass the savings on to the children through expansion of our existing programs. Of course, we appreciate your support, however you choose to give.

To enroll, please return the form below to Childrens Village and Family Services Agency, P.O. Box 6564, Tyler, TX 75711-6564. Or fax to 903-592-7506 or scan to the email address: [kathy.s@childrensvillageoftexas.org](mailto:kathy.s@childrensvillageoftexas.org). For more information, call our office at 903-592-3421

## Share Your Love Automatic Monthly Gift Plan

Date: \_\_\_\_\_

### PLAN A:

Yes, I want to give \$ \_\_\_\_\_ each month to help the children.

I (we) hereby authorize Children's Village to initiate a charge to my (our) checking/savings account at the Financial Institution indicated below and if necessary initiate adjustments for any transactions debited in error. This authority will remain in effect until Children's Village is notified by me (us) in writing to cancel it in such time as to afford Children's Village and the Financial Institution a reasonable opportunity to act on it. *If mailing, please enclose a copy of your canceled check to begin giving through automatic transfer or fill in the information below and scan to email or fax.*

\_\_\_\_\_  
Name of Financial Institution Location (City, State)

Financial Institution's Routing Transit Number: \_\_\_\_\_.

Checking Account # \_\_\_\_\_ Or Savings Account # \_\_\_\_\_

\_\_\_\_\_  
Donor Name (Please Print)

Please make my automatic bank transaction on the  5th of each month or  20th of each month

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### PLAN B:

I prefer to pay by credit card each month.  Mastercard  Visa

I authorize Children's Village to charge the following credit card in the amount of \$ \_\_\_\_\_ each month.

Card Number: \_\_\_\_\_ Exp. Date; \_\_\_\_\_

Cardholder name: \_\_\_\_\_ 3 Digit Code on back: \_\_\_\_\_

Name : \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (Required) : \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card charges will be made during the first week of each month.

To change or stop my support, I will write to Children's Village, P.O. Box 6564, Tyler, TX 75711-6564